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UNITED STATES HOUSE OF REPRESENTATIVES		ag
Name: WILLHAM H "BILLY "LONG, IL	Daytime Telephon	On
FILER Member of the U.S. State:	70	Officer or Employing Office: Staff Filer Type: (if Applicable) Employee Shared Principal Assistant
REPORT 2017 Annual (Due: May 15, 2018)	Amendment	Termination  Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF T	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or     b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar  Yes No X
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes X No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No X	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT,	T, OR TRUST INFORMATION	RMATION - ANSWER EACH OF THESE QUESTIONS
IPO – Did you purchase any shares that were allocated as a part of an Inicontact the Committee on Ethics for further guidance.	as a part of an Initial Public Offering during the reporting period?	porting period? If you answered "yes" to this question, please Yes 🔲 No 🔀
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain other	ner "excepted trusts" need not be disclosed. Have you excluded Yes No
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	arned" income, transactions, or onsulted with the Committee on	liabilities of a spouse or your dependent child because they meet  Yes No X

# SCHEDULE A - ASSE

Name: WILLIAMH BILLY "LONG, II Pag
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						┢	Examples:	Τ	For bank and other cash accounts, total the arrount in all interest-bearing accounts. If the total is over \$5,000, itst every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., 'rental property,' and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second forms and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings-Plan. If you report a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income so choose, you may indicate that an asset or flore the source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	the account that exceeds the reporting thresholds.	Assets and/or Income Sources  Assets and/or Income Sources  Identity (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (about use only toker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in
						<u> </u>	19 s	72	and ot Lebesh interestand of compliance and o compliance and a series	nt thai	Assets and/or Income Sources  Assets and/or Income Sources  ify (a) each asset held for investmen  ify (a) each asset held for investmen  ify (a) each asset the reporting by  eating \$1,000 at the end of the reporting by  eating \$1,000 at the end of the reporting by  eating \$1,000 at the end of the reporting by  eating \$1,000 at the end of the reporting by  generated more than \$200 in 'unearned' in  generated
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									TAX-DÉFERRED		Type of Income  Check all columns that apply For accounts, you may check the Tax 529 accounts), you may check the Tax 621 accounts. Dividends, interest, and capital giff reinvested, must be disclosed as in assets held in taxable accounts. Check asset generated no income during the report
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1	+	1		$\dashv$	_				Spouse/DC Asset with Income over \$1,000,000*	¥	Amount of Income  Amount of Income  Amount of Income  For assets for which you checked "Tax Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested. The discipsed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest.
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					J			\$	blank if there are blank if there are that exceeded \$1,000.	follows: (S (part)).	BLOCK E  Transaction Indicate if the asset had purchases (F), sales (S), or suchanges (E) suchanges (E) suchanges (E) for period in the reporting or for only a portion of an asset was sold please indicate as
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Page 1 of 4

Individual Retirement Accounts: Fidelity Investments: (SEP) 133-164313 Allergan Inc Dalphi Technologies Plc Aptiv Plc Com New Fidelity Govrnt Cash Reserves Innate Immunotherapeutics Apple Inc Cdex Inc CI A Chesapeake Energy Corp	Insurance Policies Brighthouse/Metlife Insurance Co. of Connecticut Interest Sensitive Whole Life, Cash Value	JT Vanguard Funds, Mutual Funds: 88010950528 Prime Money Market Fund Allergan Inc The Watt Disney Co JT Wells Fargo Advisors 8853-1907 Washington Mutual Fd F2 Legg Mason, Clearbridge Aggressive Gwth Fd Principal Fds Inc Midcap Fd Russell US Small Cap JT Southern Company	Asset and/or Income Source
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Goldman Sachs Group Inc Goldman Sachs Group Inc Graham Field Health Products Inc Linnco, LLC Com Millenniu. Plastics Corp Monsanto Co Nextpath Technologies Inc SCAC Hldgs Corp New Southern Company Fidelity Investments: (IRA) 2AX-343196 Fidelity Magellan Fund Vanguard Voyager Services 58166768 Prime Money Mkt Fund Apple Inc Wells Fargo Advisors: (4143-5730) Bank Deposit Sweep Centurylink Inc Kinder Morgan Mgmt LLC Legg Mason, Clearbridge Tactical Omega Healthcare REIT Invst Inc The Southern Company Thornburg Invt Tr Income Bldr Fd Fidelity Investments: 414-229393 Southern Co P Fidelity Magellan Stk Fnd P Fidelity Cash Reserves	Asset and/or income Source
ж ж ж ж ж ж ж ж ж ж ж ж ж ж ж ж ж ж ж	None \$1 - \$1,000 \$1,001 - \$15,0,00 \$1,001 - \$15,0,00 \$15,001 - \$50,000 \$50,001 - \$50,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$5,000,001 - \$50,000,000 \$50ver \$50,000,000 \$1,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 \$100 - \$
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## SCHEDULE B - TRANSACTIONS

Name: WILLIAM H'BILLY "LONG, IT

Page 7 of 15

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Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the recording paid of any security or real property held by your spouse or your	reput mit period or any sociating of real property incut by you, your specially a dependent child for investiment or the production of income. Include it ransactions the resulted in a capital loss. Provide a bief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless, it generated rental income. It only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.	* Column K is for assets solely held by your spouse or dependent child		Example		-							-						
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William H. Long, II United States House of Representatives Financial Disclosure Statement - Form A Calendar Year 2017

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Apple, Inc Ford Motor Company Washington Mutual Fd F2 Legg Mason, Clearbridge Aggressive Gwth Fd Principal Fds Inc Midcap Fd Russell US Small Cap	Stock and Securities:  Fiat Chrysler Automotive Delphi Automotive Innate Immunotherapeutics Fiat Chrysler Automotive Goldman Sachs Corp Chesapeake Energy Corp	harrier-1	SCHEDULE B TRANSACTIONS					
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××××	×	SALE						
		PARTIAL SALE						
		EXCHANGE	Type of Transaction					
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## SCHEDULE C - EARNED INCOME

Name: WILLIAM H "BILLY" LONG, I Page

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

							1 PAGE ATTHERED		Examples: State of Maryland	Keene State	Source (include d	INCOME LIMITS and PROHIBITED INCOME: The 2017 In addition, certain types of income (notably honoraria, dir
					•		CHED				Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.
								Spouse Salary	Legislative Pension	Approved Teaching Fee	Туре	insated at or above the "senior staff" rate was uciary relationship) are totally prohibited.
								N/A	\$18,000	\$6,000	Amount	\$27,765. The 2018 limit is \$28,050.

William H. Long, II
United States House of Representatives

Keller Williams Realty, Inc.	Source	Schedule C - Earned Income	Financial Disclosure Statement - Form A Calender Year 2017
Residual Commissions for Services Rendered Pior to House Employment	Туре		A 6

Amount

22,357

N/A

Keller Williams Realty, Inc.

Spouse Residual Commissions

#### SCHEDULE D - LIABILITIES

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owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. \*Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real properly including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rem it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities

Date Liability Creditor Incurred MO/YR
Mortgage on Rental Property, Dover, DE
PAGE ATTACHED

#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization
x / A	<i>\ \ \</i>
/\/ \	

လှ	SP, DC,	Sched
SP SFC Bank, Springfield, MO	Creditor	Schedule D - Liabilities
9/9/2016	Date Liability Incurred Mo/Year	
Line of Credit Business Loan BCL Homes	Type of Liability	
×	\$ 1 0, 0 0 1 \$ 1 5, 0, 0 0	

### **SCHEDULE F - AGREEMENTS**

Name U/LLIA
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Page 13 of 15

ldentify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service	
continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former	
employer.	
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Date	Parties to Agreement	Terms of Agreement
	11 1	
	7	27

#### **SCHEDULE G - GIFTS**

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exctude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
NA	NA	

# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Vame:
Page 14 of 15

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

**EXCLUDE:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, Chive-DC	*	٧	×
examples:	Habitat for Humanity (charity functaiser)	Mar. 3-4	DC-Boston-OC	*	Υ	γ
Cons	Consumer Electronic Show (CES)	January 6-9, 2017	Baltimore, MD - Las Vegas, NV - Baltimore, MD	Y	<b>Y</b>	Z
U.S. Assoc Sasakawa	U.S. Association of Former Members of Congress Japan Trip - Sasakawa Peace Foundation	February 18-24, 2017	DC - Tokyo, Japan - Nagoya, Japan - DC	Y	Y	<b>~</b>

# SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name JUILLIAM H BILLY LOW 6 I Page 5 of 15

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	of an event to a charitable organization	n in lieu of paying an honora	rium to you. A separate
Source	Activity	Date	Amount
Examples: Association of American Associations, Washington, DC  XYZ Magazine	Speech Article	Feb, 2, 2017 Aug. 13, 2017	\$2,000 \$500
NA			